



|  |                        |                   |
|--|------------------------|-------------------|
| <b>CHANGE OF<br/>CORRESPONDENCE ADDRESS</b><br><br><b>Application</b><br><br>Address to:<br>Assistant Commissioner for Patents<br>Washington, D.C. 20231 | Application Number     | 10/016,852        |
|  | Filing Date            | December 13, 2001 |
|  | First named inventor   | Rodger Rast       |
|  | Art Unit               | 1714              |
|  | Examiner Name          |                   |
|  | Attorney Docket Number | CRALog_02         |

**RECEIVED**  
FEB 11 2003  
#6/jr  
3/25/03  
TC 1700

Please change the Correspondence Address for the above-identified application to:

☒ **Customer Number** 26994   
*Type Customer Number Here* **26994**  
PATENT TRADEMARK OFFICE

OR

|  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> <b>Firm or Individual Name:</b> |   |   |  |
| <b>Address 1</b>   |   |   |  |
| <b>Address 2</b>   |   |   |  |
| <b>City</b>  | <span style="border: 1px solid black; padding: 2px;">State</span> | <span style="border: 1px solid black; padding: 2px;">ZIP</span> |  |
| <b>Country</b>   |   |   |  |
| <b>Telephone</b>   | <span style="border: 1px solid black; padding: 2px;">Fax</span>   |   |  |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☒ Applicant/Inventor.
- ☐ Assignee of record of entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. (Registration Number 45,853)
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed Name **Rodger H. Rast**

Signature

Date **January 30, 2003**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.